UNITED
NATIONS

E

Economic and Social
Council

Distr.
GENERAL

E/CN.4/1992/NGO/37
20 February 1992

ENGLISH
Original: FRENCH

COMMISSION ON HUMAN RIGHTS
Forty-eighth session
Agenda item 8

QUESTION OF THE REALIZATION OF THE RIGHT TO DEVELOPMENT

Written statement submitted by the International Federation Terre des Hommes, a non-governmental organization in consultative status (Category II)

The Secretary-General has received the following communication, which is circulated in accordance with Economic and Social Council resolution 1296 (XLIV).

[17 February 1992]

Cholera and underdevelopment

1. Latin America has been afflicted with a cholera epidemic since January 1991. The six countries initially affected were Brazil, Chile, Mexico, Peru, Ecuador and Bolivia, of which the latter three were the most seriously stricken. The epidemic is spreading and reached the countries of Central America in July 1991 (first case reported in Guatemala on 24 July). It has now reached Argentina. It is endemic and the chances of eradicating it are daily becoming more remote. The resurgence of cholera, which has been unknown in the Americas for almost a century, constitutes a grave and typical phenomenon. In fact, this resurgence is caused by underdevelopment, which it also engenders and reproduces in a more aggravated form.

2. The International Federation Terre des Hommes wishes to draw the attention of the Commission on Human Rights to the gravity of this resurgence, its present toll of victims, the steady spread of the epidemic, and the inadequate international mobilization to counter this scourge, which is being nourished by the steady deterioration in the living conditions of large human groups. The reported cases and the incidence of mortality run into hundreds, and even thousands, in Peru, which is the most severely stricken country. In Bolivia, 524 persons have been affected since the first case was reported in August 1991; it is significant that 318 of these contracted the disease in the first week of January 1992 and five of the nine provinces have now fallen prey to the disease. In Argentina, 50 cases have been reported and six deaths announced in the northern part of the country, which has been affected in the last few weeks. In Peru, the number of cases is increasing rapidly and the epidemic is spreading steadily, with more than 1,000 persons hospitalized every month. In Lima, the 1,700 suspected cases in December 1991 increased to almost 4,000 in January, with 55 deaths. In the provinces, during the same period, 1,927 persons were admitted to hospital and there were 386 recognized cases of cholera and 4 deaths. Many children are infected after consuming beverages and ice-cream in the streets or on the beach.

3. The conclusions of a mission dispatched by the Assistance Publique des Hôpitaux de Paris to Central America in October 1991 are alarming. In Guatemala, the epidemic has spread to 10 provinces and is advancing inexorably, with a total of about 1,500 cases. In Honduras, no case had been reported by 17 October 1991; 10 days later, four cases were reported and treated successfully. In El Salvador, where the first case appeared in August 1991, there were 304 cases by October, with 12 deaths, and 386 cases by 31 October, with 14 deaths. In Panama, 559 cases were reported in October, of which 119 were admitted to hospital and 14 died. The epidemic has now reached the frontier region. Nicaragua and Costa Rica are the only two countries that seem to have been so far spared by the epidemic. However, all the countries of the region are characterized by conditions conducive to the spread of cholera.

4. The resurgence of cholera, a disease caused by extreme poverty, illustrates the trend towards underdevelopment. This disease, which affects both urban and rural marginalized and disadvantaged population groups, reveals the varying degrees of susceptibility to it, the most undernourished individuals being the most prone to the cholera vibrio. It becomes rampant whenever there is a deterioration in basic conditions of hygiene. In general, even the hospitals and health centres lack the facilities needed to combat the epidemic for more than the first three or four weeks. The disease also highlights economic disparities. For example, the measures taken to stem the epidemic involve stricter control of water use, particularly for the irrigation of market-garden crops. This penalizes the population groups which supply the urban markets and which even conceal their dead in order to maintain their earnings from that activity. Even States are now facing difficulties in exporting foodstuffs which might be contaminated and their economic resources are thereby being diminished by the epidemic.

5. Although the other diseases and symptoms of underdevelopment cannot be disregarded, the advent of cholera can demonstrate the urgent need to remedy the situation. An effective campaign against this disease should be capable

of improving the overall living conditions of the population groups concerned, thereby breaking the vicious circle of engulfment in poverty. An enhancement of basic hygiene infrastructures is essential, including drinking-water supply, waste water treatment, construction of latrines and garbage collection. This does not necessarily involve grandiose and costly projects; it merely requires a coordinated proliferation of diversified small projects geared to local conditions. Although non-governmental organizations can help in this regard, active support from the international community as a whole is indispensable.

6. The set of measures that must be taken to put an end to the cholera epidemic constitutes a major undertaking that transcends the economic and financial resources of the countries concerned. The Declaration on the Right to Development stipulates that States have a duty to cooperate with each other in eliminating obstacles to development. The campaign against cholera offers a unique opportunity to put this cooperation into practice.